U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Others 086 galy REC'D 11 18206
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3386	2. Fiscal Year Covered From:				
	1 / 1 / 2004 Through: 12 / 31 / 2004				
Name and address of person filing.	Name, file number, and address of labor organization.				
Name KERRY L HARLACHER	Name CHICAGO REGIONAL COUNCIL OF CARPENTERS				
	Labor Organization File Number 01-919				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 6071 CRALBROOK LA.	Street 12 E. IERIE STREKT				
City &cKow	City CHICAGO				
State 15 ZIP Code + 4 6/1/4	State IL ZIP Code + 4 606 I				
5. Position in labor organization. PRESIDENT (CONNECL DAL	(GATO)				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street					
City	groundstands and the second of				
Oily					
State ZJP Code + 4					
Survey of the state of the stat	ature				
State ZIP Code + 4	Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the				
State ZIP Code + 4 Signa 15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany)	Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the				

Name of Person Filing Keey HARLACHER		File Number U- 3386
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other of an employee whose employees your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate doltar valu	a of such dealing
City	12.a. Nature of interest held	Andreas Andrea
State ZIP Code + 4		
·	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	ga makan katangan ga katang katan makangga katan katang katang katang katang katang katang katang katang katan
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Salarada, Northeada, protestidad protestidad de la california de la califo
Sold to the endiness on Employer Companies Constituting		En communication of the contract of the contra

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

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Date